

Commonwealth of Kentucky
Personnel Cabinet

Health Insurance Program Monthly Report



Prepared for:

Kentucky Group Health Insurance
Board Members

November 2014

DASHBOARD REPORT: BASED ON INCURRED CLAIMS

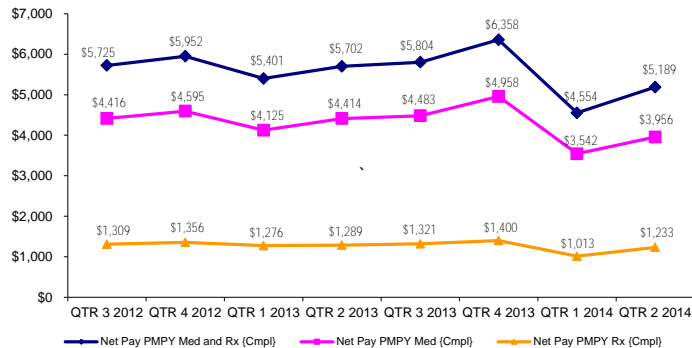
Includes Projections for Incurred, but Not Yet Reported (IBNR or CMPL)

Enrollment

Fact	Jul 2013 - Jun 2014	Jul 2012 - Jun 2013	% Change
Employees Avg Med	152,305	155,060	-1.78%
Members Avg Med	265,788	268,621	-1.05%
Family Size Avg	1.7	1.7	0.74%
Member Age Avg	37.1	37.3	-0.43%

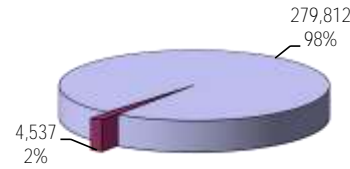
Net Incurred Claims Cost per Member

(PMPY Costs as Calculated at the end of each Quarter)

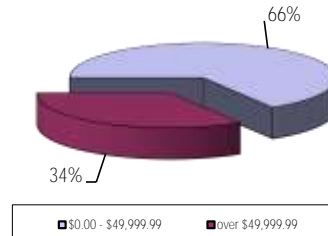


High Cost Claimants Jul 13—Jun 14

% of High Cost Patients



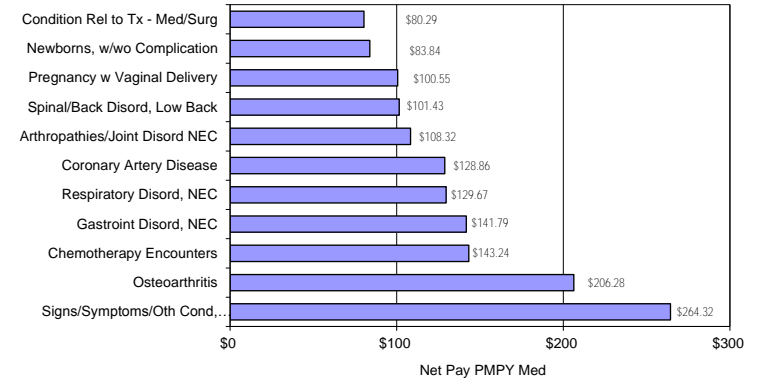
% of Total Net Payments (Med and Rx)



Prescription Drug Programs

	Fact	Jul 2012 - Jun 2013	Jul 2013 - Jun 2014	% Change
Mail Order	Discount Off AWP % Rx	50.62%	56.03%	10.69%
	Scripts Generic Efficiency Rx	93.23%	93.96%	0.78%
Retail	Discount Off AWP % Rx	48.34%	57.75%	19.46%
	Scripts Generic Efficiency Rx	93.92%	94.76%	0.90%
Total	Discount Off AWP % Rx	48.85%	57.37%	17.44%
	Scripts Generic Efficiency Rx	93.85%	94.68%	0.88%
	Scripts Maint Rx % Mail Order	12.54%	13.79%	10.01%

Top 10 Clinical Conditions



Allowed Claims Costs PMPY with Norms

	Jul 2012 - Jun 2013	Jul 2013 - Jun 2014	% Change	Recent US Norm	Comp to Norm
Allow Amt PMPY Med {Cmpl}	\$5,000.88	\$4,969.62	-1%	\$4,306.23	13.35%
Allow Amt PMPY IP Acute {Cmpl}	\$1,414.24	\$1,381.10	-2%	N/A	N/A
Allow Amt PMPY OP Med {Cmpl}	\$3,561.80	\$3,565.71	0%	\$2,994.78	16.01%
Allow Amt PMPY OP Fac Med {Cmpl}	\$1,963.93	\$1,993.67	2%	N/A	N/A
Allow Amt PMPY Office Med {Cmpl}	\$964.94	\$918.33	-5%	N/A	N/A
Allow Amt PMPY OP Lab {Cmpl}	\$344.08	\$339.52	-1%	N/A	N/A
Allow Amt PMPY OP Rad {Cmpl}	\$540.40	\$527.66	-2%	N/A	N/A
Out of Pocket PMPY Med {Cmpl}	\$530.97	\$689.85	30%	\$561.63	18.59%
Allow Amt PMPY Rx {Cmpl}	\$1,569.81	\$1,528.08	-3%	\$1,027.15	32.78%
Out of Pocket PMPY Rx {Cmpl}	\$262.18	\$285.26	9%	\$0.00	N/A

Cost Drivers Support

Fact	Jul 2012 - Jun 2013	Jul 2013 - Jun 2014	% Change
Allow Amt Per Day Adm Acute	\$4,362.26	\$4,586.91	5.15%
Days Per 1000 Adm Acute	317.00	294.43	-7.12%
Allow Amt Per Visit OP Fac Med	\$1,044.15	\$1,108.70	6.18%
Visits Per 1000 OP Fac Med	1,880.89	1,790.71	-4.79%
Allow Amt Per Visit Office Med	\$116.83	\$118.16	1.14%
Visits Per 1000 Office Med	8,259.24	7,738.42	-6.31%
Allow Amt Per Day Supply Rx	\$2.72	\$2.69	-1.21%
Days Supply PMPY Rx	577.48	568.89	-1.49%

Cost Drivers—Utilization and Price Trends

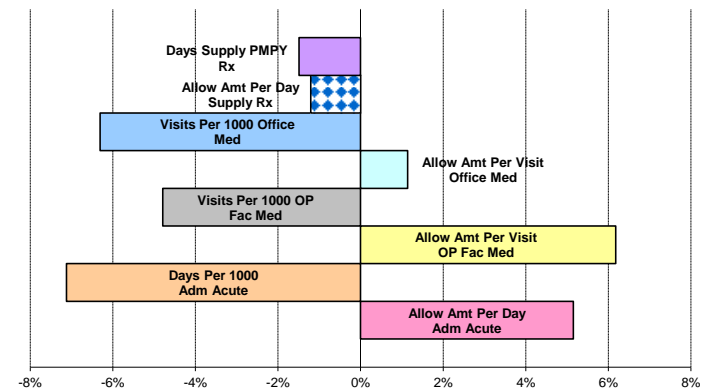


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Introduction

The Department of Employee Insurance (DEI) is pleased to provide an analysis of the Kentucky Employees' Health Plan. In response to requests for data analysis, this report has been prepared to provide information related to enrollment, claims payment, and utilization.

It is the Department's intent to update this information on a monthly basis in an effort to provide current information about Kentucky's Health Insurance Program.

Overview

This report is compiled using Medstat, which is DEI's health insurance information management system. Medstat warehouses enrollment and claims data. Enrollment data is provided by DEI while claims data is provided by each carrier and/or TPA.

Claims information may be analyzed by either "incurred" or "paid" dates. "Incurred" reports specify paid amounts for claims that were incurred in a specified timeframe. Due to the lag time in submittal and payment of claims, historical reports that are based on incurred claims may change significantly with each new database update since additional incurred claims will be added. "Paid" claims reports specify the paid amount for claims regardless of when the claims may have been incurred. Unless otherwise specified, data contained in this report are based on "incurred" claims.

Enrollment in the KEHP changes on a daily basis due to a variety of reasons such as: new hires, adding dependents, dropping dependents, marriage, divorce, becoming Medicare eligible, etc. Therefore, Medstat is dealing with a fluid enrollment base. Also, each carrier processes claims slightly differently. During 2012 Medstat processed enrollment information for a total of 270,404 members as well as 8,891,904 claims (3,894,285 Medical claims and 4,997,619 prescriptions) from different carriers. When dealing with such large numbers it is impossible to tag every claim to a corresponding group, carrier, service type, etc. While the tagging rate for the KEHP data exceeds 99%, you may still see information on reports stated as "~Missing". This indicates any enrollment or claims that could not be "tagged" by Medstat.

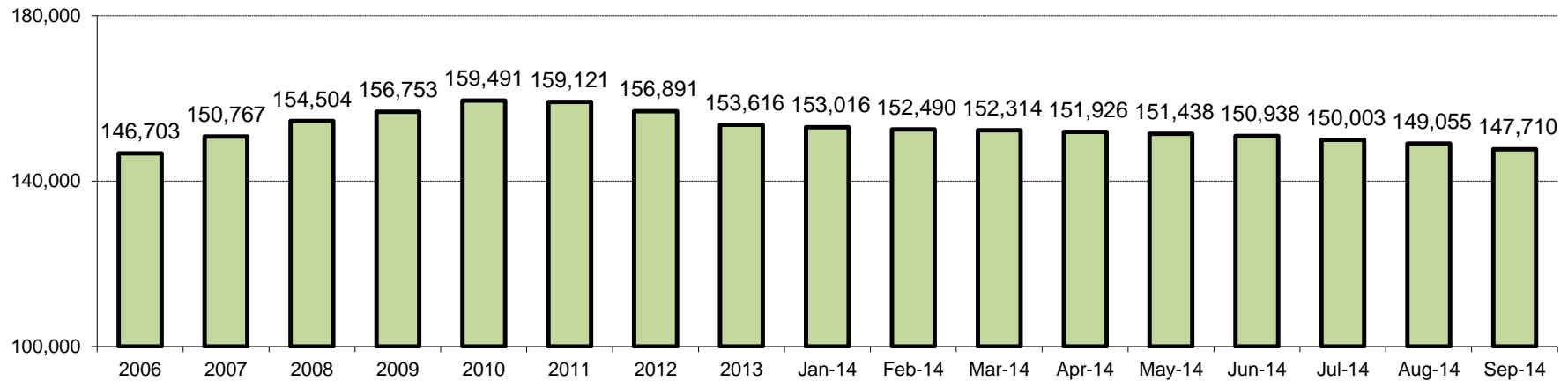
Definitions

- **Employee** represents an individual eligible to participate in KEHP as a retiree in either KTRS or KRS, or by being employed by one of the agencies that participate with KEHP (example: state employee, school boards, Quasi agency, etc.). Employee may also be referred to as “planholder” or “contracts”. Please note that Medstat deals with Cross-reference plans uniquely. Although there are in fact two “employees” Medstat can only designate the planholder as an employee. Therefore, the cross-referenced spouse is considered a dependent and all claims and utilization data related to them is counted as a “member”.
- **Member** includes all employees plus any dependents that are covered through the KEHP. Members may also be referred to as “covered lives”.
- **Group** is Kentucky Retirement System (KRS), Kentucky Teachers Retirement System (KTRS), State Employees, School Boards, or Other (includes: COBRA, Health Departments, KCTCS, Quasi/Local Governments).
- **Plan** is Standard PPO, Capitol Choice, Optimum PPO, Maximum Choice, Commonwealth Essential, Commonwealth Enhanced, Commonwealth Premier, or Commonwealth Select.
- **Carrier** is claims listed by carrier. (Please note that Express Scripts data is designated as Humana).
- **Generic Efficiency** means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.
- **OOP** is the amount paid out-of-pocket by the member for facility, professional, and prescription drug services. This generally includes coinsurance, co-payment, and deductible amounts.
- **Allowed Amount** is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.
- **Net Payment** is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, co-payment, coinsurance, and deductible amounts have been subtracted.
- **Patients** is the unique count of members who received facility, professional, or pharmacy services.
- **Days Supply** is the number of days for which drugs were supplied for prescriptions filled. It represents the number of days of drug therapy covered by a prescription.
- **Mail Order** is computed as any script filled with a “days supply” of more than 30 days, regardless of the physical location where the prescription was filled.
- **Retail** is computed as any script filled with a “days supply” of 30 days or less, regardless of the physical location where the prescription was filled.

Enrollment

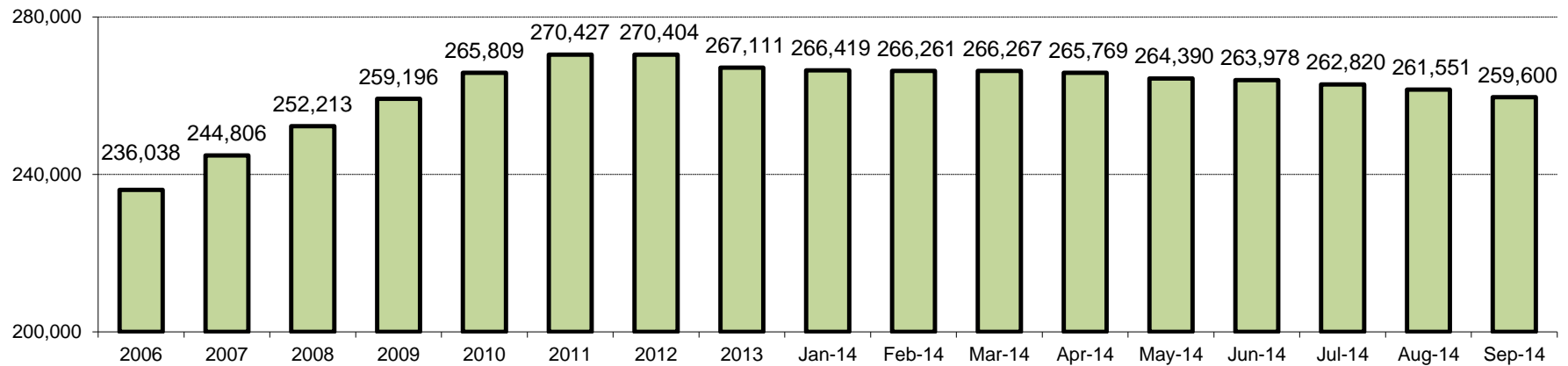
The following chart shows planholder enrollment (contracts) for 2006-2013 and monthly year-to-date for 2014. Enrollment will fluctuate on a monthly basis (Approximately 8,000 cross-referenced spouses in any given month are not included)

Number of Contracts
for 2006-2013 and by Month for 2014



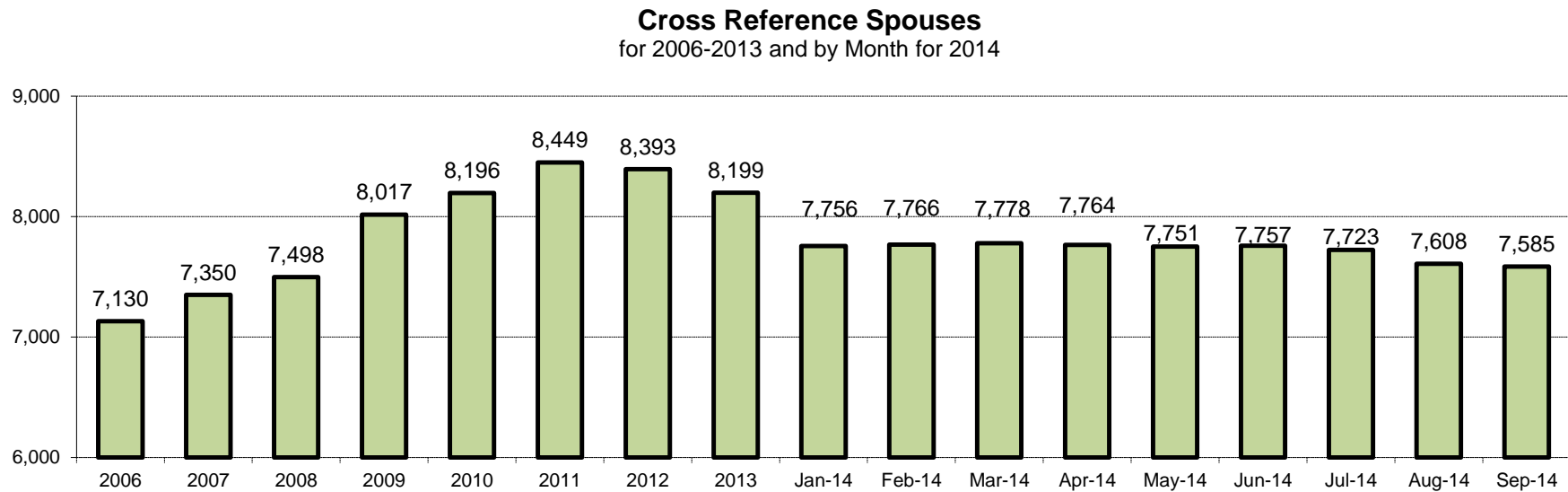
The following chart shows member enrollment (covered lives) for 2006-2013 and monthly year-to-date for 2014. Enrollment will fluctuate on a monthly basis.

Number of Covered Lives
for 2006-2013 and by Month for 2014



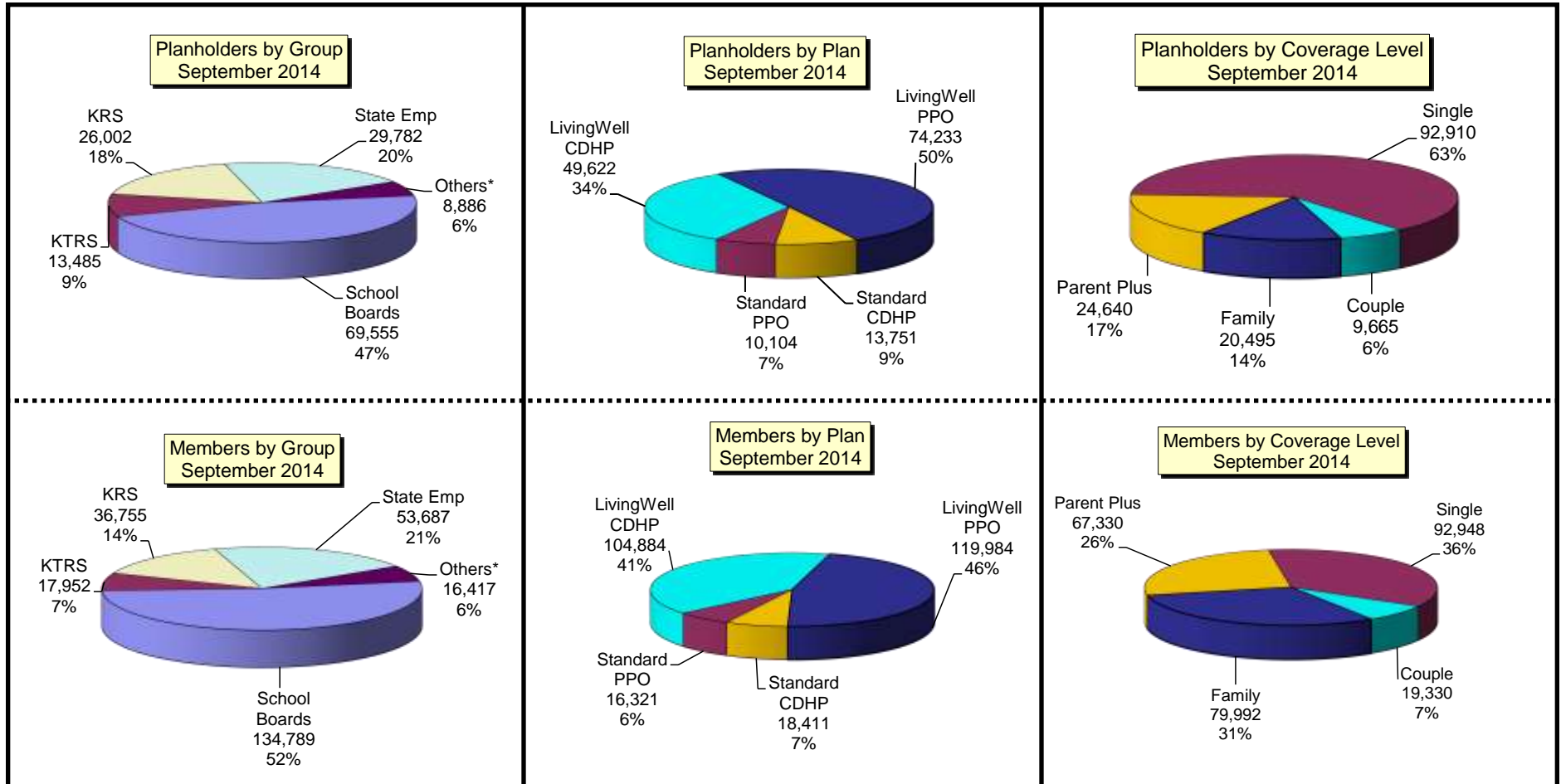
Enrollment *(continued)*

The following graph shows the number of cross-reference spouses for 2006-2013 and monthly year-to-date for 2014. The number of Cross Referenced Spouses will fluctuate on a monthly basis.



Enrollment *(continued)*

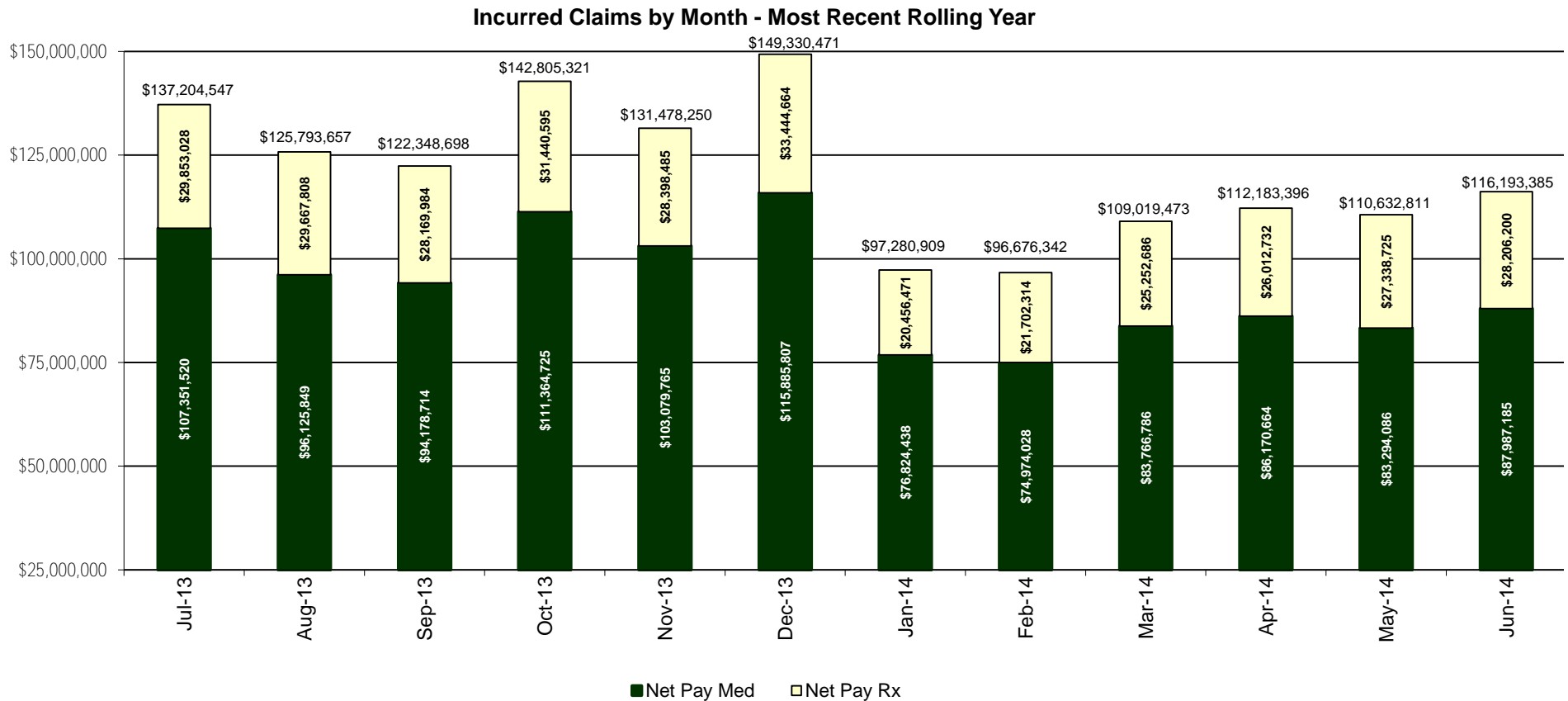
The following charts show Planholder and Member enrollment by group, plan, and coverage level.



* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

Claims Costs

Claims costs include Medical and Prescription (Rx) for the most recent rolling year. Based on Incurred Claims.



Claims Costs *(continued)*

The following tables represent incurred claims by Group for 2006 - 2013 and monthly year-to-date for 2014.

INCURRED MEDICAL CLAIMS (no Rx) by Group:

	School Boards	KTRS	KRS	State Employees	Others*	Totals
2006	\$307,404,829	\$93,874,833	\$147,000,881	\$151,118,572	\$48,943,683	\$748,342,797
2007	\$335,233,747	\$96,138,953	\$156,119,263	\$147,816,830	\$50,969,860	\$786,278,653
2008	\$402,843,851	\$109,319,917	\$194,688,095	\$178,641,561	\$64,333,716	\$949,827,140
2009	\$427,644,878	\$123,944,338	\$220,434,791	\$177,195,445	\$68,628,440	\$1,017,847,892
2010	\$467,251,898	\$134,399,726	\$218,395,487	\$193,151,301	\$79,182,411	\$1,092,380,824
2011	\$475,939,979	\$137,632,074	\$239,407,280	\$200,932,917	\$80,536,373	\$1,134,448,624
2012	\$507,858,172	\$138,210,602	\$243,223,111	\$206,892,321	\$90,100,252	\$1,186,284,458
2013	\$524,081,469	\$134,150,410	\$232,563,202	\$213,649,259	\$95,944,359	\$1,200,388,698
Jan 2014	\$31,401,393	\$8,327,377	\$16,353,674	\$14,492,136	\$6,249,859	\$76,824,438
Feb 2014	\$29,898,542	\$8,544,677	\$15,151,834	\$14,935,838	\$6,443,137	\$74,974,028
Mar 2014	\$34,963,736	\$9,516,447	\$16,206,979	\$16,482,694	\$6,596,931	\$83,766,786
Apr 2014	\$36,857,629	\$9,807,725	\$16,818,771	\$15,942,383	\$6,744,155	\$86,170,664
May 2014	\$34,787,737	\$9,591,526	\$17,187,582	\$14,544,650	\$7,182,592	\$83,294,086
Jun 2014	\$41,443,953	\$9,072,748	\$15,033,601	\$14,507,363	\$7,929,520	\$87,987,185

* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

Claims Costs *(continued)*

The following tables represent incurred claims by Group for 2006 - 2013 and monthly year-to-date for 2014.

INCURRED Rx CLAIMS (no Med) by Group:

	School Boards	KTRS	KRS	State Employees	Others*	Totals
2006	\$92,676,509	\$35,017,335	\$53,095,577	\$42,857,791	\$13,481,498	\$237,128,711
2007	\$102,883,195	\$37,889,011	\$61,585,393	\$46,102,562	\$15,361,507	\$263,821,668
2008	\$114,318,657	\$42,211,258	\$72,457,449	\$51,523,178	\$17,638,869	\$298,149,411
2009	\$119,002,425	\$45,308,689	\$82,234,684	\$50,881,577	\$18,339,245	\$315,766,619
2010	\$129,624,203	\$49,399,459	\$89,783,758	\$55,125,407	\$21,022,918	\$344,955,745
2011	\$126,659,101	\$48,675,489	\$92,082,668	\$54,232,323	\$20,434,256	\$342,083,837
2012	\$133,981,557	\$50,750,410	\$88,779,439	\$58,569,228	\$21,665,876	\$353,746,512
2013	\$140,326,843	\$50,995,303	\$78,526,810	\$60,359,222	\$22,705,802	\$352,913,981
Jan 2014	\$8,145,549	\$2,639,308	\$5,037,884	\$3,368,970	\$1,264,760	\$20,456,471
Feb 2014	\$8,733,974	\$2,694,153	\$5,140,187	\$3,611,246	\$1,522,754	\$21,702,314
Mar 2014	\$10,127,654	\$3,246,374	\$6,130,530	\$4,186,948	\$1,561,181	\$25,252,686
Apr 2014	\$10,553,766	\$3,236,027	\$5,936,297	\$4,579,194	\$1,707,448	\$26,012,732
May 2014	\$11,188,907	\$3,494,790	\$6,123,981	\$4,604,317	\$1,926,729	\$27,338,725
Jun 2014	\$11,680,271	\$3,724,777	\$6,253,699	\$4,760,966	\$1,786,487	\$28,206,200

* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

Claims Costs *(continued)*

The following tables represent incurred claims by Plan for 2006-2013 and monthly year-to-date for 2014.

INCURRED MEDICAL CLAIMS (no Rx) by PLAN:

Time Period	Capitol Choice	Maximum Choice	Optimum PPO	CW Standard PPO	Standard PPO	Standard CDHP	LivingWell PPO	LivingWell CDHP	Missing*	Total
2009	\$115,052,390	\$44,250,277	\$839,555,872	\$14,550,862					\$4,290,752	\$1,017,847,892
2010	\$120,801,466	\$56,099,090	\$893,370,461	\$15,244,745					\$6,865,062	\$1,092,380,824
2011	\$145,752,975	\$71,531,690	\$872,004,689	\$39,637,013					\$5,522,257	\$1,134,448,624
2012	\$159,377,124	\$75,679,410	\$887,627,197	\$53,576,349	\$0	(\$1,306)	(\$277)	\$0	\$10,025,960	\$1,186,286,470
2013	\$157,036,940	\$78,474,479	\$875,862,673	\$64,907,991	\$125,738	\$126,701	\$550,827	\$738,024	\$22,565,324	\$1,200,390,711
Jan-14	\$1,198	\$529	\$66,951	\$15,221	\$3,706,803	\$4,186,825	\$44,502,022	\$22,601,876	\$1,743,014	\$76,866,078
Feb-14	\$0	\$0	\$0	\$0	\$4,336,817	\$2,907,142	\$42,929,504	\$23,278,729	\$1,521,836	\$75,015,699
Mar-14	\$0	\$0	\$0	\$0	\$4,284,295	\$3,309,716	\$47,046,071	\$27,401,851	\$1,724,854	\$83,808,485
Apr-14	\$0	\$0	\$0	\$0	\$4,877,246	\$3,549,262	\$48,345,896	\$27,977,060	\$1,421,201	\$86,212,394
May-14	\$0	\$0	\$0	\$0	\$4,239,960	\$3,058,587	\$47,054,336	\$27,172,741	\$1,768,462	\$83,335,846
Jun-14	\$0	\$0	\$0	\$0	\$4,200,898	\$3,766,481	\$48,028,876	\$30,571,145	\$1,419,785	\$88,028,976

**Missing means the claims could not be tagged to a specific plan.*

Claims Costs *(continued)*

The following tables represent incurred claims by Plan for 2006-2013 and monthly year-to-date for 2014.

INCURRED Rx CLAIMS (no Med) by PLAN:

Time Period	Capitol Choice	Maximum Choice	Optimum PPO	CW Standard PPO	Standard PPO	Standard CDHP	LivingWell PPO	LivingWell CDHP	Missing*	Total
2009	\$35,845,894	\$7,804,096	\$267,798,635	\$3,632,729					\$627,662	\$315,766,619
2010	\$37,400,953	\$10,541,054	\$292,411,029	\$3,839,193					\$763,517	\$344,955,745
2011	\$44,303,915	\$13,658,792	\$275,615,919	\$8,069,769					\$435,441	\$342,083,836
2012	\$47,435,900	\$14,365,499	\$280,627,212	\$10,763,703					\$554,198	\$353,746,512
2013	\$46,703,012	\$15,356,623	\$276,673,782	\$14,029,174	\$1,212	\$13,134	\$68,787	\$9,582	\$58,674	\$352,913,981
Jan-14	\$3,038	\$219	\$31,693	\$3,027	\$1,327,831	\$139,323	\$16,657,386	\$2,266,159	\$27,795	\$20,456,471
Feb-14	\$0	\$0	\$0	\$0	\$1,315,931	\$217,387	\$16,462,903	\$3,677,864	\$28,230	\$21,702,314
Mar-14	\$0	\$0	\$0	\$0	\$1,349,337	\$380,073	\$18,657,040	\$4,792,930	\$73,307	\$25,252,686
Apr-14	\$0	\$0	\$0	\$0	\$1,452,928	\$400,096	\$18,255,710	\$5,848,746	\$55,252	\$26,012,732
May-14	\$0	\$0	\$0	\$0	\$1,502,682	\$520,479	\$18,530,248	\$6,750,875	\$34,441	\$27,338,725
Jun-14	\$0	\$0	\$0	\$0	\$1,416,123	\$489,720	\$18,902,984	\$7,365,250	\$32,122	\$28,206,200

*Missing means the claims could not be tagged to a specific plan.

Claims Costs *(continued)*

The following represents incurred medical claims only (does not include Rx) by Coverage Level for 2006-2013 and monthly year-to-date for 2014.

INCURRED MEDICAL CLAIMS (no Rx) by Coverage Level:

Time Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2006	\$105,900,696	\$142,637,212	\$104,245,315	\$391,585,566	\$3,974,007	\$748,342,797
2007	\$123,989,294	\$160,349,021	\$118,430,067	\$447,682,122	\$3,721,482	\$854,171,987
2008	\$138,340,738	\$179,204,916	\$138,984,028	\$489,769,922	\$3,527,536	\$949,827,140
2009	\$148,834,766	\$197,496,335	\$148,195,132	\$519,153,082	\$4,168,576	\$1,017,847,892
2010	\$161,490,560	\$207,327,688	\$168,831,673	\$547,945,617	\$6,785,286	\$1,092,380,824
2012	\$159,911,190	\$247,064,130	\$194,271,214	\$575,129,330	\$9,908,596	\$1,186,284,458
2013	\$145,668,454	\$249,876,454	\$205,584,283	\$583,827,104	\$15,432,402	\$1,200,388,698
Jan 2014	\$9,294,722	\$15,665,487	\$12,741,417	\$37,747,798	\$1,375,014	\$76,824,438
Feb 2014	\$9,255,048	\$14,660,828	\$13,852,178	\$36,129,688	\$1,076,286	\$74,974,028
Mar 2014	\$10,766,598	\$16,046,065	\$14,307,862	\$41,368,274	\$1,277,987	\$83,766,786
Apr 2014	\$10,491,138	\$17,224,861	\$14,540,688	\$42,950,652	\$963,326	\$86,170,664
May 2014	\$10,152,586	\$17,467,787	\$13,448,240	\$41,082,030	\$1,143,444	\$83,294,086
Jun 2014	\$10,355,225	\$18,179,905	\$14,616,950	\$43,931,585	\$903,520	\$87,987,185

**Unable to tag claims to a specific coverage level*

Claims Costs *(continued)*

The following represents incurred RX claims only (does not include medical) by Coverage Level for 2006-2013 and monthly year-to-date for 2014.

INCURRED Rx CLAIMS (no Med) by Coverage Level:

Time Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2006	\$38,228,159	\$43,809,856	\$25,948,520	\$128,164,514	\$977,662	\$237,128,711
2007	\$42,590,719	\$49,329,230	\$29,736,616	\$141,680,238	\$484,865	\$263,821,668
2008	\$48,563,951	\$54,628,661	\$34,879,637	\$159,504,290	\$572,873	\$298,149,411
2009	\$51,545,047	\$59,726,568	\$37,315,867	\$166,599,775	\$579,363	\$315,766,619
2010	\$57,195,759	\$64,920,207	\$41,129,813	\$180,993,674	\$716,292	\$344,955,745
2011	\$55,944,577	\$66,704,498	\$43,290,721	\$175,791,341	\$352,568	\$342,083,705
2012	\$54,760,963	\$70,977,651	\$47,929,645	\$179,707,967	\$370,286	\$353,746,512
2013	\$50,600,730	\$72,767,831	\$51,931,237	\$177,625,880	-\$11,698	\$352,913,981
Jan-14	\$2,817,026	\$3,732,398	\$2,934,682	\$10,946,483	\$25,881	\$20,456,471
Feb-14	\$2,937,286	\$4,306,533	\$3,131,231	\$11,302,984	\$24,280	\$21,702,314
Mar-14	\$3,732,449	\$4,975,598	\$3,559,917	\$12,912,989	\$71,735	\$25,252,686
Apr-14	\$3,700,608	\$5,470,161	\$3,406,637	\$13,382,449	\$52,878	\$26,012,732
May-14	\$3,945,822	\$5,732,673	\$3,721,815	\$13,904,850	\$33,565	\$27,338,725
Jun-14	\$4,114,191	\$5,770,217	\$3,898,651	\$14,397,947	\$25,195	\$28,206,200

**Unable to tag claims to a specific coverage level*

Medical Claims Utilization

The following is based on medical claims* (does not include Rx) incurred for January—May 2014.

Commonwealth Plan	Admits Per 1000 Acute	Admits Per 1000 Acute Rcnt Sgovt	%Diff from {Rcnt SGovt}	Days LOS Admit Acute	Days LOS Admit Acute Rcnt Sgovt	%Diff from Rcnt SGovt	Days Per 1000 Adm Acute	Days Per 1000 Adm Acute Rcnt Sgovt	%Diff from Rcnt Sgovt
LivingWell CDHP	59.91	61.23	-2.14%	3.73	4.99	-25.24%	223.35	249.79	-10.58%
LivingWell PPO	72.27	65.79	9.84%	4.29	5.60	-23.28%	310.31	280.21	10.74%
Standard CDHP	44.55	62.84	-29.11%	4.90	6.22	-21.24%	218.20	260.30	-16.17%
Standard PPO	61.69	66.70	-7.52%	4.63	6.24	-25.91%	285.34	287.19	-0.64%
Average	64.63	63.81	1.29%	4.13	5.44	-24.01%	267.23	267.04	0.07%

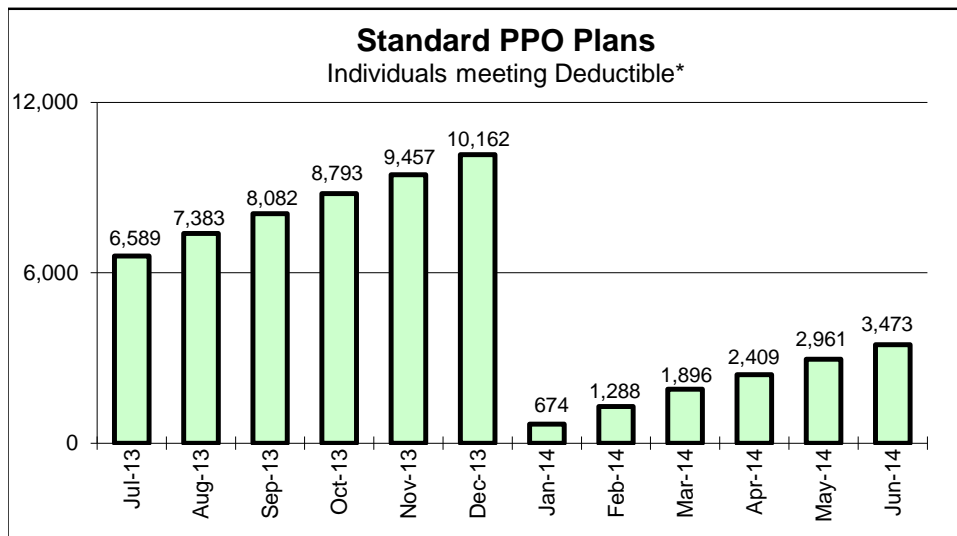
Commonwealth Plan	Visits Per 1000 Office Med	Visits Per 1000 Office Med Rcnt Sgovt	%Diff from Rcnt SGovt	Visits Per 1000 ER	Visits Per 1000 ER Rcnt Sgovt	%Diff from Rcnt Sgovt
LivingWell CDHP	6,501.66	7,360.10	-11.66%	184.62	242.79	-23.96%
LivingWell PPO	8,110.36	8,160.92	-0.62%	231.88	242.61	-4.42%
Standard CDHP	3,876.88	7,653.85	-49.35%	187.26	241.91	-22.59%
Standard PPO	5,478.57	8,067.31	-32.09%	209.57	240.88	-13.00%
Average	6,990.51	7,797.75	-10.35%	208.31	242.52	-14.11%

Commonwealth Plan	Svcs Per 1000 OP Lab	Svcs Per 1000 OP Lab Rcnt US	%Diff from Rcnt US	Svcs Per 1000 OP Rad	Svcs Per 1000 OP Rad Rcnt US	%Diff from Rcnt US
LivingWell CDHP	8,031.58	7,502.50	7.05%	2,083.51	1,973.23	5.59%
LivingWell PPO	11,968.83	8,683.66	37.83%	2,970.23	2,442.50	21.61%
Standard CDHP	6,148.18	8,405.11	-26.85%	1,573.29	2,213.95	-28.94%
Standard PPO	8,349.63	8,708.17	-4.12%	2,131.30	2,384.23	-10.61%
Average	9,739.25	8,192.64	18.88%	2,460.30	2,234.48	10.11%

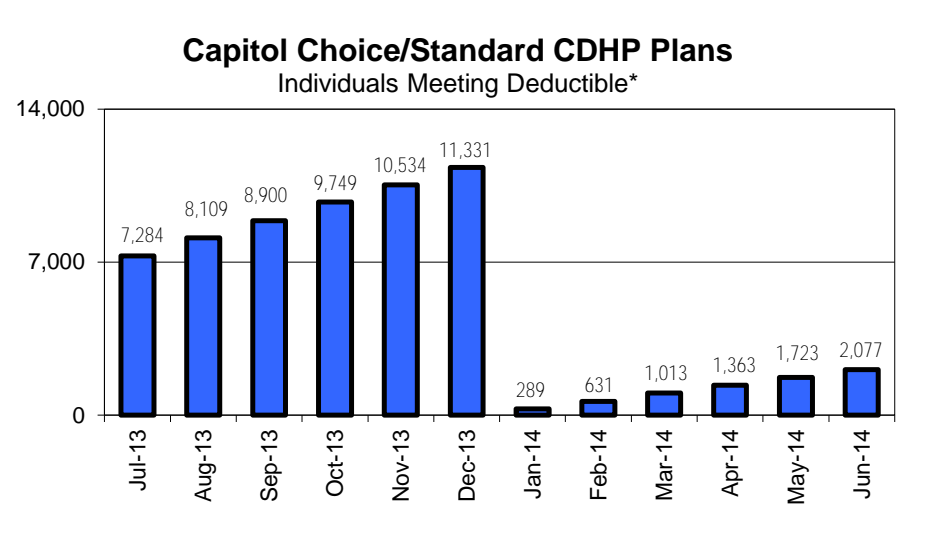
*Services are tracked by each service, not by each visit. Therefore, if two laboratory services are performed at one visit, it will count as two services.

Analysis of Individuals and Families Meeting Their Deductibles

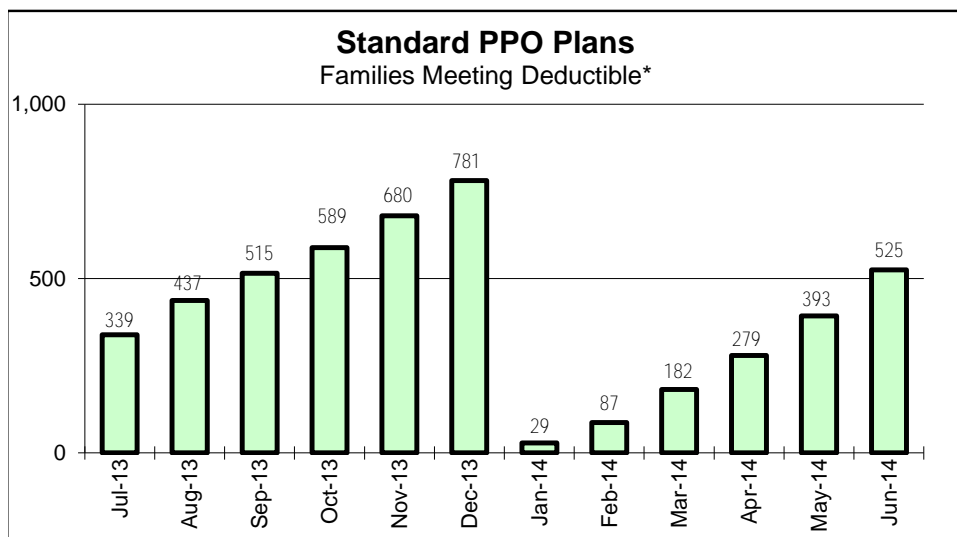
The following details the number of individuals and families by plan that met their deductible for the latest rolling year. This report is based on incurred claims.



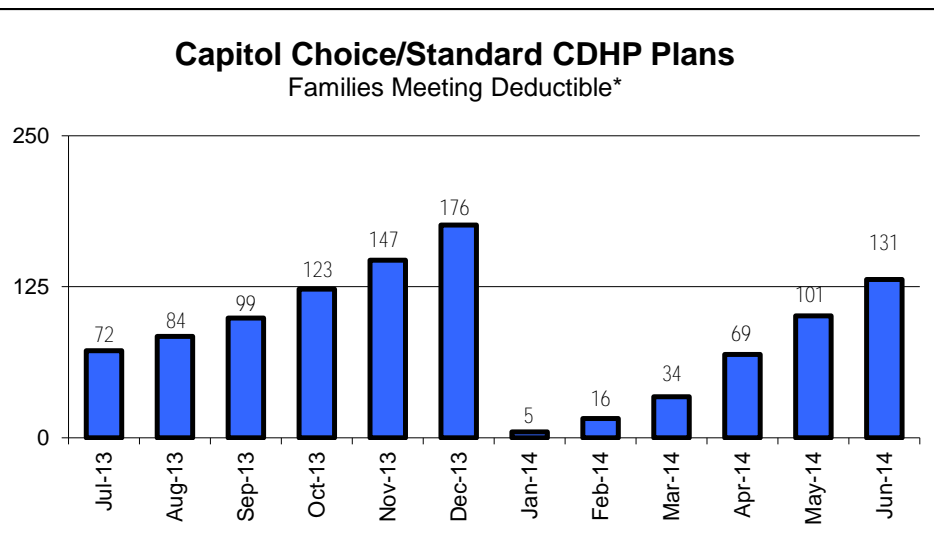
* 2013 Individual Deductible is \$600; 2014 Individual Deductible is \$750



* 2013 Individual Deductible is \$615; 2014 Individual Deductible is \$1,750



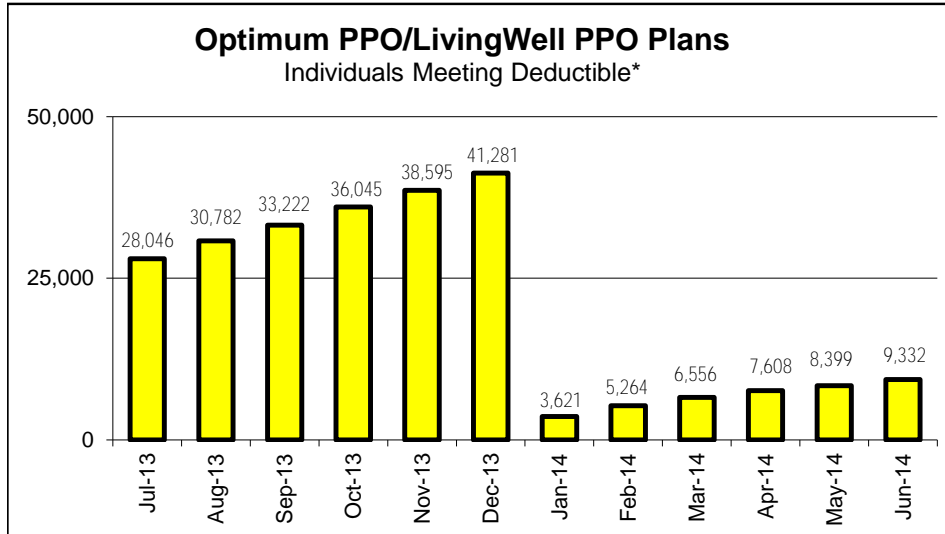
* 2013 Family Deductible is \$1,800; 2014 Family Deductible is \$1,500



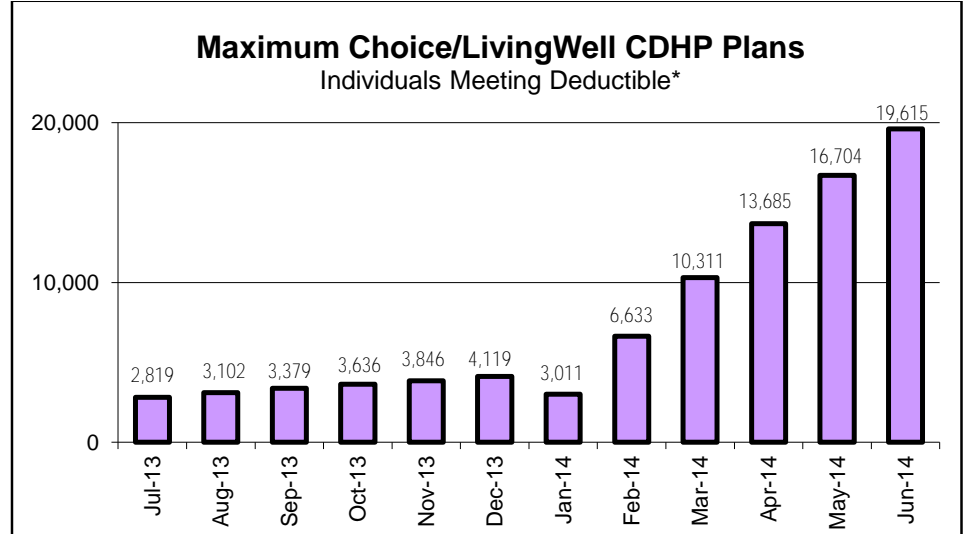
* 2013 Family Deductible is \$1,850; 2014 Family Deductible is \$3,500

Analysis of Individuals and Families Meeting Their Deductibles *(continued)*

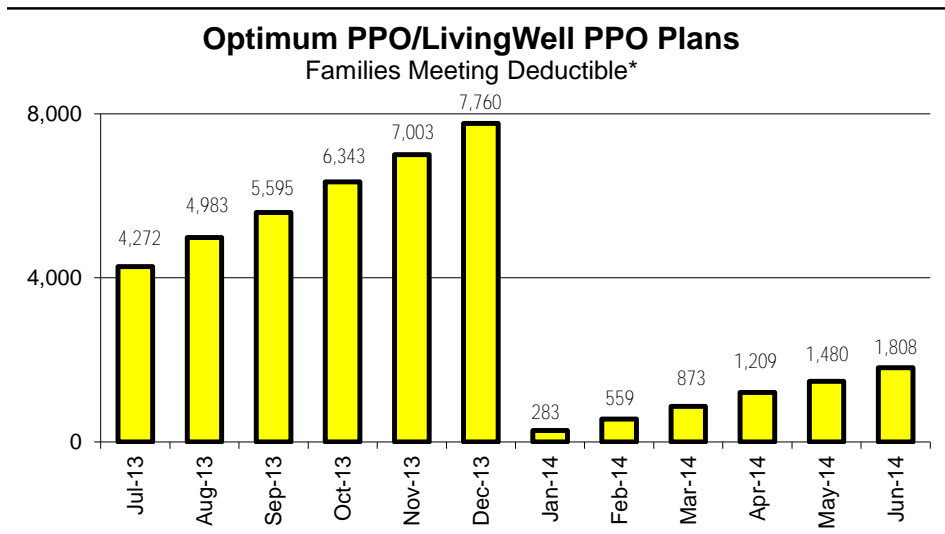
The following details the number of individuals and families by plan that met their deductible for the latest rolling year. This report is based on incurred claims.



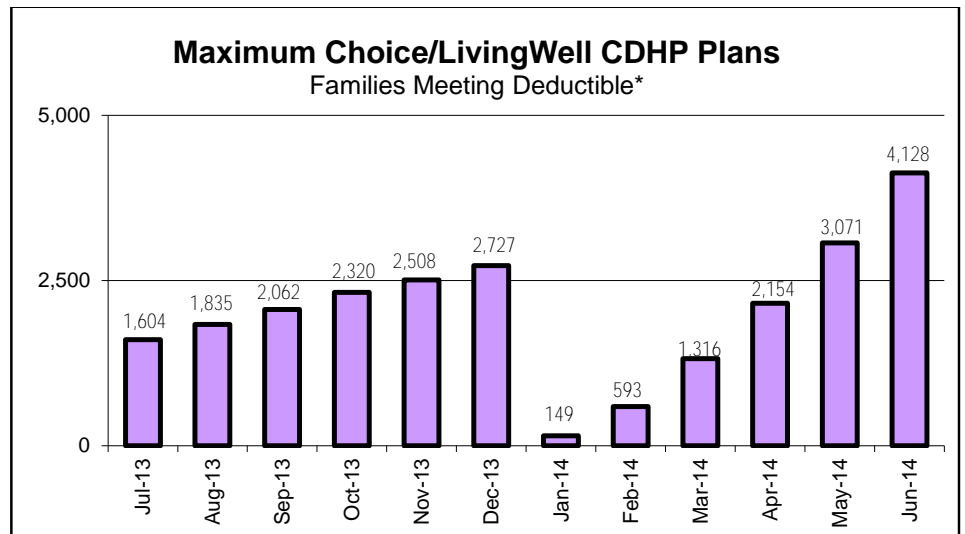
* 2013 Individual Deductible is \$370; 2014 Individual Deductible is \$500



* 2013 Individual Deductible is \$2,450; 2014 Individual Deductible is \$1,250



* 2013 Family Deductible is \$740; 2014 Family Deductible is \$1,000



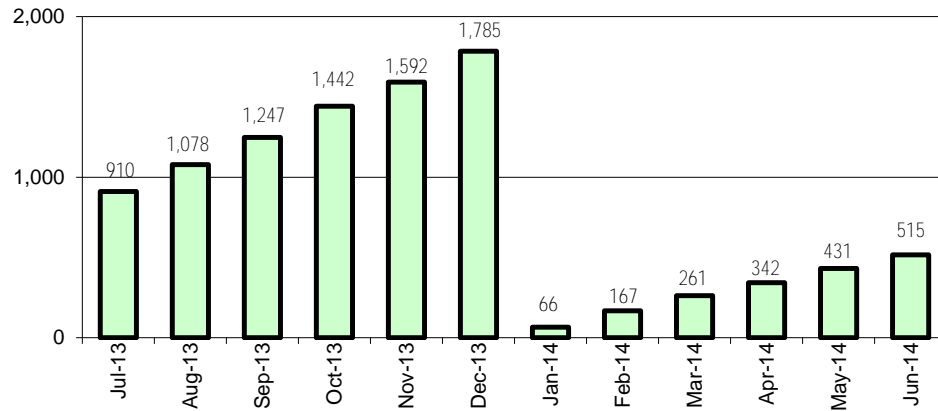
* 2013 Family Deductible is \$3,650; 2014 Family Deductible is \$2,500

Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses *(continued)*

The following details the number of individuals and families by plan that met their maximum out of pocket expense for the latest rolling year. This report is based on incurred claims.

Standard PPO Plans Individuals

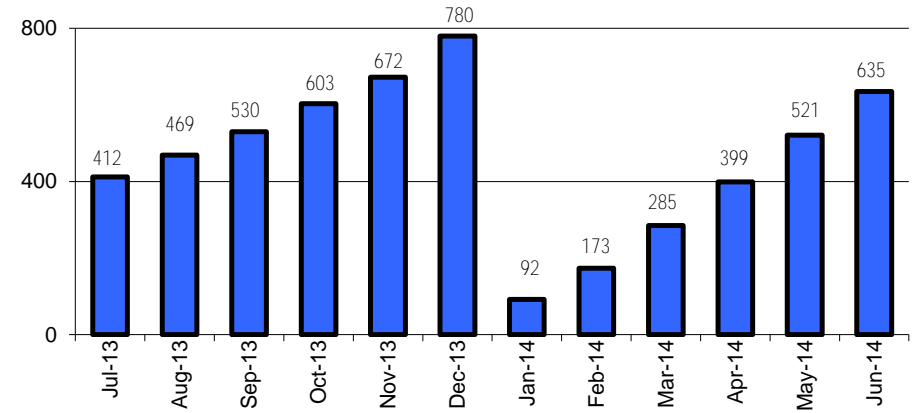
Meeting Maximum Out of Pocket*



* 2013 Individual Maximum Out of Pocket is \$3,000; 2014 Individual Maximum Out of Pocket is \$3,500

Capitol Choice/Standard CDHP Plans Individuals

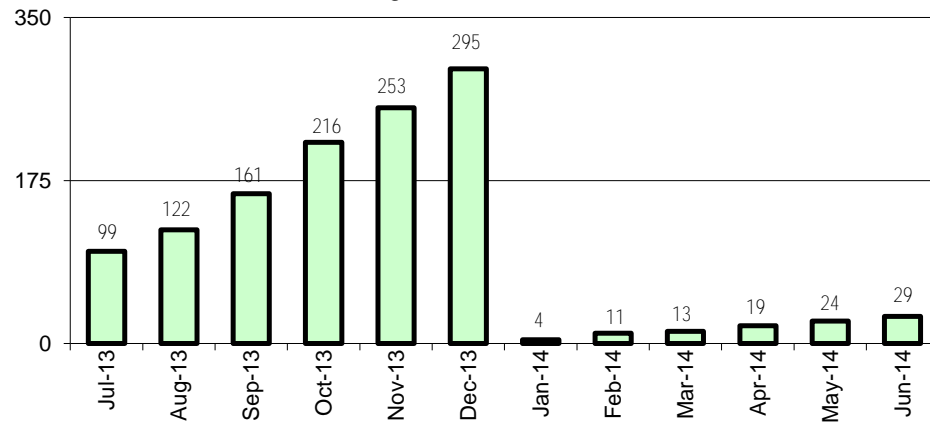
Meeting Maximum Out of Pocket*



* 2013 Individual Maximum Out of Pocket is \$2,470; 2014 Individual Maximum Out of Pocket is \$3,500

Standard PPO Plans Families

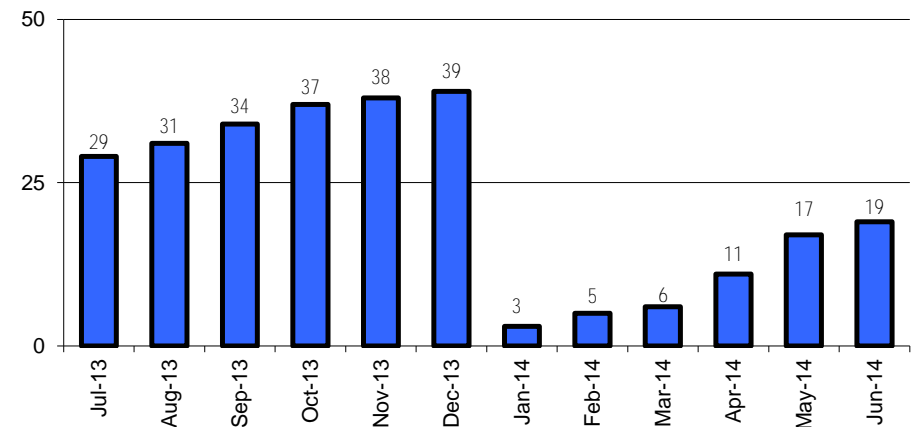
Meeting Maximum Out of Pocket*



* 2013 Family Maximum Out of Pocket is \$6,000; 2014 Maximum Out of Pocket is \$7,000

Capitol Choice/Standard CDHP Plans Families

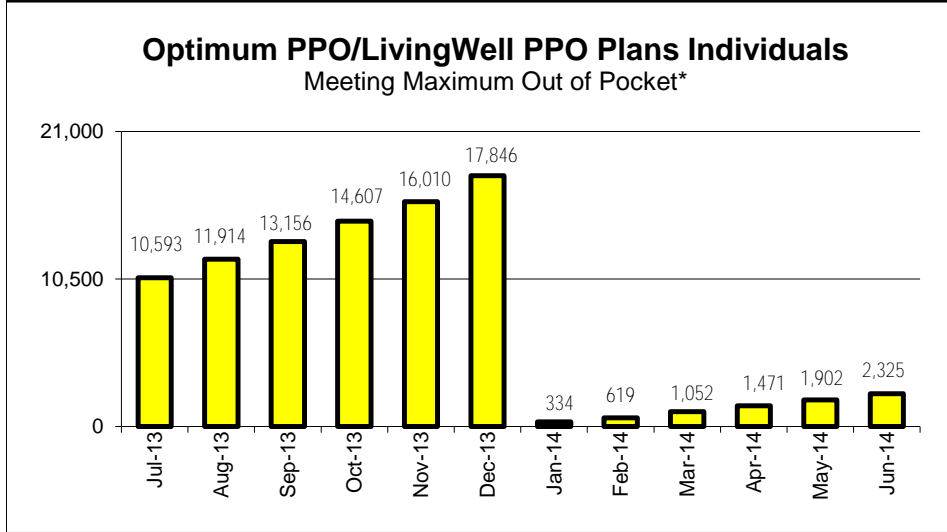
Meeting Maximum Out of Pocket*



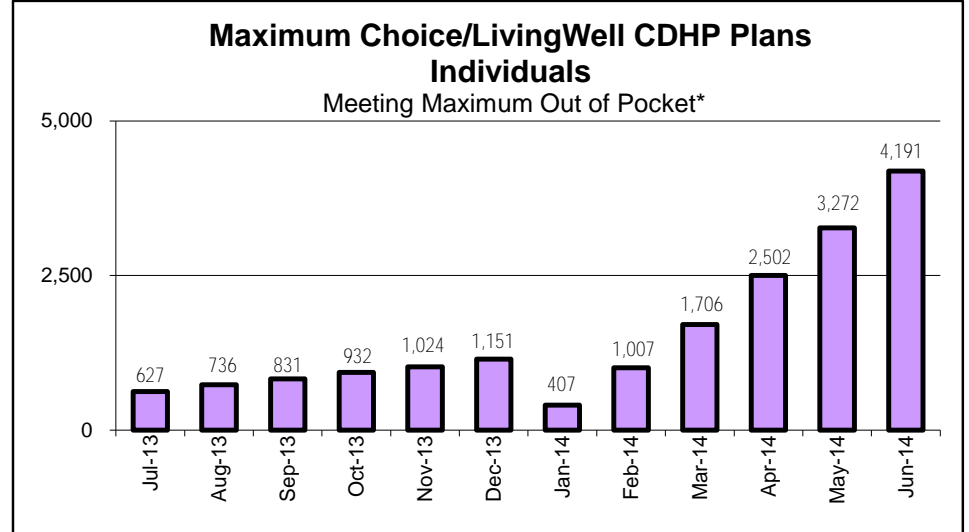
* 2013 Family Maximum Out of Pocket is \$7,400; 2014 Family Maximum Out of Pocket is \$7,000

Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses *(continued)*

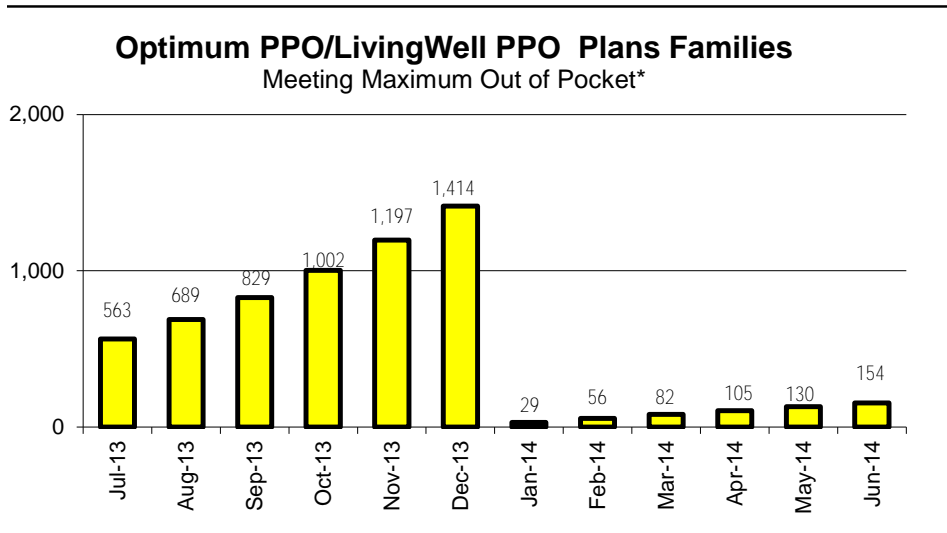
The following details the number of individuals and families by plan that met their maximum out of pocket expense for the latest rolling year. This report is based on incurred claims.



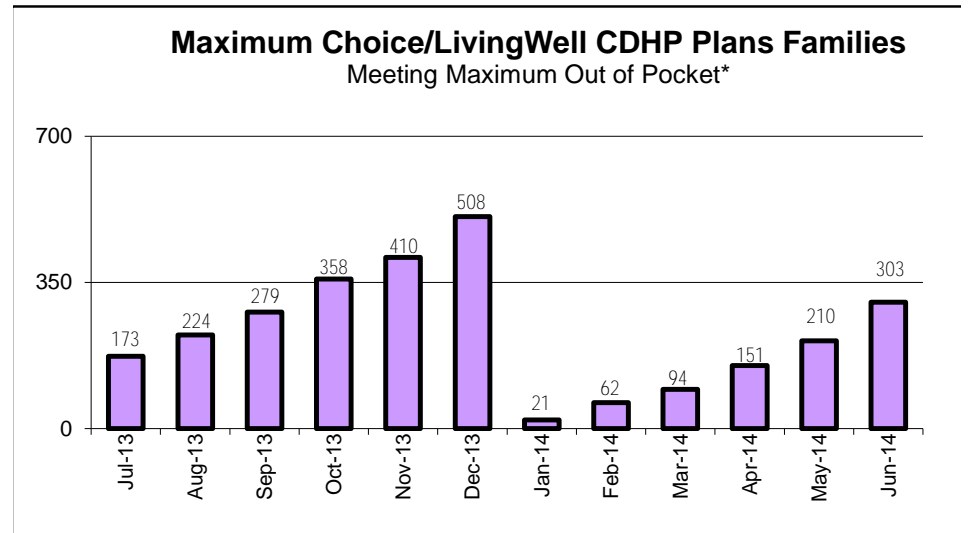
* 2013 Individual Maximum Out of Pocket is \$1,390; 2014 Maximum Out of Pocket is \$2,500



* 2013 Individual Maximum Out of Pocket is \$3,700; 2014 Individual Max Out of Pocket is \$2,500



* 2013 Family Maximum Out of Pocket is \$2,780; 2014 Family Maximum Out of Pocket is \$5,000



* 2012 Family Maximum Out of Pocket is \$5,280; 2013 Family Maximum Out of Pocket is \$5,000

Historical Analysis of Individuals and Families Meeting Their Deductibles and Maximum Out of Pocket Expenses

(continued)

The following details the number of individuals and families by plan that met their deductibles and/or maximum out of pocket (MOOP) expense for the years 2006-2014. This report is based on incurred claims.

Individuals and Families in Essential (2006-08) and CW Standard PPO (2009-13) and Standard PPO (2014—)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP
2006	Essential	\$750	22.14%	\$3,500	2.96%	\$1,500	16.35%	\$7,000	1.08%
2007	Essential	\$750	22.41%	\$3,500	3.30%	\$1,500	17.70%	\$7,000	1.16%
2008	Essential	\$750	24.25%	\$3,500	4.01%	\$1,500	19.35%	\$7,000	1.51%
2009	CW Standard PPO	\$750	32.06%	\$3,500	5.85%	\$1,500	8.74%	\$7,000	1.14%
2010	CW Standard PPO	\$500	38.12%	\$3,500	4.81%	\$1,500	3.61%	\$7,000	0.73%
2011	CW Standard PPO	\$500	39.40%	\$3,500	4.55%	\$1,500	3.99%	\$7,000	0.56%
2012	CW Standard PPO	\$500	40.49%	\$3,500	4.80%	\$1,500	4.98%	\$7,000	0.77%
2013	CW Standard PPO	\$600	36.71%	\$3,000	6.45%	\$1,800	4.27%	\$6,000	1.61%
2014	Standard PPO	\$750	20.56%	\$3,500	3.05%	\$1,500	4.76%	\$7,000	0.26%

Individuals and Families in Enhanced (2006-08) and Capitol Choice (2009-13) and Standard CDHP (2014—)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP
2006	Enhanced	\$250	21.52%	\$1,250	5.80%	\$500	9.95%	\$2,500	0.94%
2007	Enhanced	\$250	21.31%	\$1,250	7.48%	\$500	8.93%	\$2,500	1.00%
2008	Enhanced	\$250	21.95%	\$1,250	8.11%	\$500	9.06%	\$2,500	1.20%
2009	Capitol Choice	\$500	27.85%	\$2,000	1.86%	\$1,500	0.59%	\$6,000	0.01%
2010	Capitol Choice	\$500	25.19%	\$2,000	1.84%	\$1,500	0.49%	\$6,000	0.01%
2011	Capitol Choice	\$575	24.93%	\$2,300	1.61%	\$1,725	0.45%	\$6,900	0.01%
2012	Capitol Choice	\$600	25.70%	\$2,400	1.46%	\$1,800	0.55%	\$7,000	0.01%
2013	Capitol Choice	\$615	25.20%	\$2,470	1.73%	\$1,850	0.52%	\$7,400	0.11%
2014	Standard CDHP	\$1,750	10.71%	\$3,500	3.99%	\$3,500	0.82%	\$7,000	0.12%

Historical Analysis of Individuals and Families Meeting Their Deductibles and Maximum Out of Pocket Expenses

(continued)

The following details the number of individuals and families by plan that met their deductibles and/or maximum out of pocket expense for the years 2006-2014. This report is based on incurred claims.

Individuals and Families in Premier (2006-08) and Optimum PPO (2009-13) and LivingWell PPO (2014—)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP
2006	Premier	\$250	30.15%	\$1,000	6.70%	\$500	9.95%	\$2,000	1.17%
2007	Premier	\$250	30.04%	\$1,000	7.78%	\$500	8.93%	\$2,000	1.20%
2008	Premier	\$250	30.51%	\$1,000	8.60%	\$500	9.06%	\$2,000	1.26%
2009	Optimum PPO	\$250	27.18%	\$1,125	10.05%	\$500	8.42%	\$2,250	1.51%
2010	Optimum PPO	\$300	25.80%	\$1,125	10.89%	\$600	7.05%	\$2,250	1.47%
2011	Optimum PPO	\$345	25.16%	\$1,295	9.99%	\$690	7.31%	\$2,590	1.36%
2012	Optimum PPO	\$355	24.87%	\$1,350	9.93%	\$720	5.51%	\$2,700	1.38%
2013	Optimum PPO	\$370	24.85%	\$1,390	10.74%	\$740	7.60%	\$2,780	1.39%
2014	LivingWell PPO	\$500	7.58%	\$2,500	1.89%	\$1,000	2.30%	\$3,000	0.20%

Individuals and Families in Select (2007-08) and Maximum Choice (2009-13) and LivingWell CDHP (2014—)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP
2007	Select	\$2,000	11.72%	\$3,000	3.01%	\$3,000	18.50%	\$4,500	2.61%
2008	Select	\$2,000	12.81%	\$3,000	3.63%	\$3,000	20.03%	\$4,500	3.91%
2009	Maximum Choice	\$2,000	14.90%	\$3,000	4.52%	\$3,000	15.96%	\$4,500	3.64%
2010	Maximum Choice	\$2,000	15.12%	\$3,000	4.91%	\$3,000	16.78%	\$4,500	4.14%
2011	Maximum Choice	\$2,300	14.60%	\$3,455	4.53%	\$3,455	18.28%	\$5,185	4.37%
2012	Maximum Choice	\$2,325	14.71%	\$3,550	4.16%	\$3,530	18.82%	\$5,280	3.99%
2013	Maximum Choice	\$2,450	14.56%	\$3,700	4.07%	\$3,650	19.20%	\$5,400	3.58%
2014	LivingWell CDHP	\$1,250	18.48%	\$2,500	3.95%	\$2,500	7.95%	\$5,000	0.58%

Premium (or Premium Equivalent)

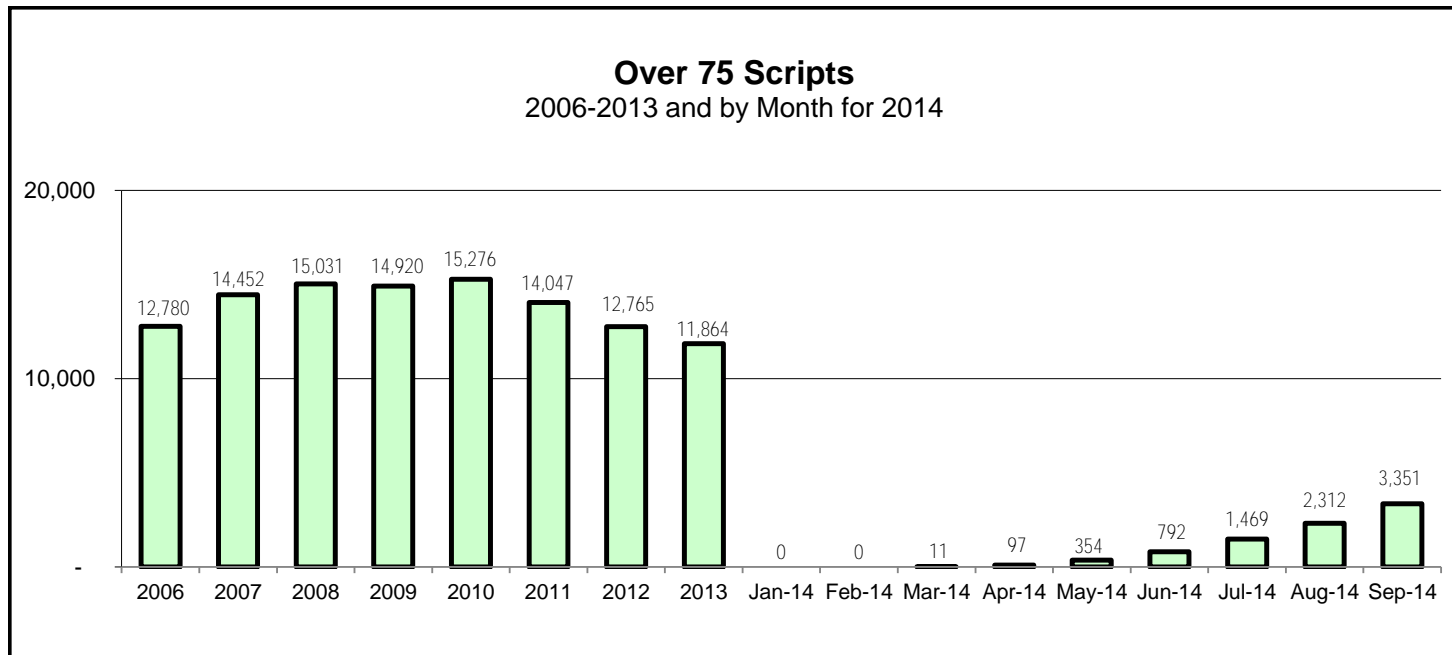
The following details the amount of premium* (or premium equivalent) paid by the employee and employer for 2006-2013 and monthly through 2014.

Time Period	Employee Premium Amount	Employer Premium Amount	Total Premium Amount
2006	\$153,787,780	\$948,458,338	\$1,102,246,118
2007	\$167,530,819	\$973,220,791	\$1,140,751,611
2008	\$179,094,322	\$1,039,574,462	\$1,218,668,784
2009	\$210,980,360	\$1,190,104,292	\$1,401,084,653
2010	\$223,160,749	\$1,325,801,265	\$1,548,962,014
2011	\$274,375,886	\$1,324,091,690	\$1,598,467,575
2012	\$271,663,955	\$1,332,767,157	\$1,604,431,112
2013	\$271,156,377	\$1,329,854,915	\$1,601,011,292
Jan-14	\$22,376,004	\$113,923,845	\$136,299,849
Feb-14	\$22,375,131	\$113,632,543	\$136,007,674
Mar-14	\$22,344,015	\$113,537,770	\$135,881,785
Apr-14	\$22,297,687	\$113,281,606	\$135,579,293
May-14	\$22,232,090	\$112,951,921	\$135,184,011
Jun-14	\$22,178,579	\$112,610,498	\$134,789,078
Jul-14	\$22,053,526	\$111,950,455	\$134,003,981
Aug-14	\$21,957,092	\$111,244,940	\$133,202,031
Sep-14	\$21,807,713	\$110,309,951	\$132,117,664

**Premium (or premium equivalent) is based on enrollment using published premium rates—it is NOT based on actual payments received.*

Prescription Drug Utilization

The following details the number of families that have purchased 75 scripts or more during 2006-2013 and by month for 2014. After a family has filled 75 prescriptions via retail purchase, the co-payment is reduced to \$30 for 2nd tier and \$44 for 3rd tier.



The table below summarizes plan impact for families regarding the scripts benefit in 2014:

Script Count, per Family	Number of Families	Number of Scripts	Avg. # of Scripts per Patient	Avg. Net Payment per Script	Net Payments For All Scripts
0 - 75	71,147	1,587,664	15.51	\$76.09	\$120,806,120.60
Over 75	3,351	337,656	48.45	\$84.37	\$28,486,861.01
Total	74,498	1,925,320	17.61	\$77.54	\$149,292,981.61

Prescription Drug Utilization *(continued)*

The following details the type of prescription filled, the percent that were generic, and the generic efficiency rate for the most recent rolling year. Based on paid claims..

Time Period: Paid Month	Generic	Brand Name, Generic Available	Brand Name	Other*	Total	Scripts Rx % Generic	Scripts Generic Efficiency Rx
Oct 2013	359,694	30,013	66,303	12,295	468,305	76.81%	92.30%
Nov 2013	298,104	19,718	54,027	8,768	380,617	78.32%	93.80%
Dec 2013	375,115	21,316	67,547	11,244	475,222	78.93%	94.62%
Jan 2014	274,836	15,928	43,614	7,778	342,156	80.32%	94.52%
Feb 2014	279,796	13,662	40,472	7,844	341,774	81.87%	95.34%
Mar 2014	289,579	14,063	41,567	8,839	354,048	81.79%	95.37%
Apr 2014	354,437	17,196	51,389	11,220	434,242	81.62%	95.37%
May 2014	274,480	13,336	39,071	8,812	335,699	81.76%	95.37%
Jun 2014	286,293	13,297	42,407	10,033	352,030	81.33%	95.56%
Jul 2014	338,661	15,395	50,995	12,783	417,834	81.05%	95.65%
Aug 2014	274,303	12,948	40,378	9,428	337,057	81.38%	95.49%
Sep 2014	356,382	21,514	51,546	11,919	441,361	80.75%	94.31%

**Includes: Over the Counter (usually items such as diabetic supplies, syringes, and test strips, etc.), Other/Unavailable or Missing (Unable to tag to a specific group).*

Prescription Drug Utilization *(continued)*

The following details the number of members and patients utilizing prescription benefits and the associated costs for the most recent rolling year. Based on Incurred Claims.

Time Period	Members	Patients	Scripts	Scripts Per Member	Scripts Per Patient	Allow Amt* Per Script	Net Pay Per Script	Member Cost Per Script	Patient Cost Per Script
Jul 2013	265,629	165,111	391,528	1.47	2.96	\$90.64	\$76.25	\$21.21	\$34.12
Aug 2013	264,947	164,350	390,704	1.47	2.91	\$90.13	\$75.93	\$20.93	\$33.74
Sep 2013	263,037	163,288	385,628	1.46	2.86	\$86.68	\$73.05	\$19.98	\$32.19
Oct 2013	265,526	182,099	419,434	1.57	2.86	\$88.31	\$74.96	\$21.08	\$30.74
Nov 2013	265,687	166,847	391,818	1.47	2.87	\$86.22	\$72.48	\$20.08	\$31.98
Dec 2013	265,605	167,359	436,621	1.64	3.10	\$90.55	\$76.60	\$22.76	\$36.12
Jan 2014	265,466	159,582	375,314	1.41	2.85	\$78.95	\$54.50	\$34.44	\$57.29
Feb 2014	265,323	153,742	348,886	1.31	2.74	\$84.20	\$62.20	\$28.79	\$49.69
Mar 2014	265,323	158,489	383,688	1.44	2.89	\$85.09	\$65.82	\$27.73	\$46.43
Apr 2014	264,823	157,705	373,907	1.41	2.86	\$87.04	\$69.57	\$24.54	\$41.20
May 2014	264,390	156,592	377,060	1.43	2.88	\$88.81	\$72.50	\$23.11	\$39.01
Jun 2014	263,978	155,184	367,049	1.39	2.87	\$92.34	\$76.85	\$21.39	\$36.39

***Allow Amt" is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.*

Prescription Drug Utilization *(continued)*

The following Top 25 Drug Analysis is based on Rx claims incurred January—June 2014.

Prev Rank	Curr Rank	Product Name	Brand/Generic	Therapeutic Class General	Net Pay Rx	Net Pay Rx as Pct of All Drugs	Scripts Rx	Net Pay Per Day Supply Rx	Patients Rx
1	1	HUMIRA	Single source brand	Immunosuppressants	\$5,104,450.75	3.43%	1,430	\$93.74	444
2	2	NEXIUM	Single source brand	Gastrointestinal Drugs	\$4,872,159.74	3.27%	17,964	\$6.68	5,795
3	3	SOVALDI	Single source brand	Anti-Infective Agents	\$4,189,305.57	2.81%	145	\$946.95	53
4	4	ENBREL	Single source brand	Immunosuppressants	\$4,151,184.41	2.79%	1,201	\$93.71	377
5	5	CRESTOR	Single source brand	Cardiovascular Agents	\$3,418,492.43	2.29%	20,610	\$4.02	6,131
6	6	HUMALOG	Multisource brand, no generic	Hormones & Synthetic Subst	\$3,130,791.42	2.10%	6,376	\$12.27	2,363
7	7	ABILIFY	Single source brand	Central Nervous System	\$2,359,717.35	1.58%	2,962	\$21.64	1,020
8	8	COPAXONE	Single source brand	Misc Therapeutic Agents	\$2,323,804.26	1.56%	334	\$165.58	109
9	9	DULOXETINE	Single source generic	Central Nervous System	\$2,178,481.95	1.46%	11,439	\$5.68	3,160
10	10	LANTUS SOLOSTAR	Single source brand	Hormones & Synthetic Subst	\$2,087,436.57	1.40%	5,402	\$9.51	1,911
11	11	GILENYA	Single source brand	Misc Therapeutic Agents	\$1,736,202.08	1.17%	220	\$173.20	69
13	12	JANUVIA	Single source brand	Hormones & Synthetic Subst	\$1,638,922.17	1.10%	5,593	\$7.09	1,785
12	13	STELARA	Single source brand	Immunosuppressants	\$1,629,505.72	1.09%	133	\$363.89	80
13	14	TECFIDERA	Single source brand	Misc Therapeutic Agents	\$1,503,657.33	1.01%	245	\$164.41	63
15	15	ANDROGEL	Multisource brand, no generic	Hormones & Synthetic Subst	\$1,356,953.46	0.91%	2,930	\$13.34	1,072
16	16	DULOXETINE HYDRO-CHLORIDE	Single source generic	Central Nervous System	\$1,293,309.50	0.87%	4,829	\$6.03	1,720
17	17	CELEBREX	Single source brand	Central Nervous System	\$1,181,006.02	0.79%	5,036	\$5.77	1,767
20	18	GABAPENTIN	Multisource generic	~Missing	\$1,088,327.09	0.73%	666	\$70.32	301
18	19	LEVEMIR FLEXPEN	Single source brand	Hormones & Synthetic Subst	\$1,080,067.68	0.73%	2,422	\$10.69	856
19	20	LYRICA	Single source brand	Central Nervous System	\$1,068,184.62	0.72%	3,998	\$7.92	1,146
21	21	GLEEVEC	Single source brand	Antineoplastic Agents	\$1,045,144.30	0.70%	85	\$256.16	27
22	22	ZETIA	Multisource brand, generic	Cardiovascular Agents	\$981,174.02	0.66%	5,445	\$4.16	1,763
24	23	ONE TOUCH ULTRA	Other/unavailable	Diagnostic Agents	\$950,177.94	0.64%	9,066	\$2.59	4,975
-	24	SYMBICORT	Single source brand	Hormones & Synthetic Subst	\$938,336.01	0.63%	4,366	\$5.44	2,234
-	25	LANTUS	Single source brand	Hormones & Synthetic Subst	\$934,148.82	0.63%	2,400	\$10.35	792

*"Product Name" includes all strengths/formulations of a drug

Prescription Drug Utilization *(continued)*

In summary, the top 25 drugs represent 6.73% of total scripts and 35.97% of total Rx expenditures.

Summary	Net Pay Rx	Scripts Rx	Days Supply Rx
Top Drugs	\$53,581,027	149,850	5,850,225
All Product Names	\$148,969,127	2,225,904	72,838,638
Top Drugs as Pct of All Drugs	35.97%	6.73%	8.03%

Utilization

The top 25 clinical conditions based on incurred claims for January–June 2014.

Prev Rank	Curr Rank	Clinical Condition	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER	Patients Med	Net Pay Per Pat Med
1	1	Prevent/Admin Hlth Encounters	\$30,186,034	\$225,960	\$29,929,371	0.04	3.60	648.07	0.63	82,671	\$365.13
2	2	Signs/Symptoms/Oth Cond, NEC	\$30,138,247	\$5,296,442	\$23,797,794	2.02	10.37	512.39	12.26	60,797	\$495.72
3	3	Osteoarthritis	\$23,546,345	\$16,496,397	\$6,990,931	3.95	2.54	190.95	0.49	13,422	\$1,754.31
4	4	Chemotherapy Encounters	\$17,920,048	\$1,555,724	\$16,364,324	0.44	5.66	0.92	0.00	434	\$41,290.43
6	5	Coronary Artery Disease	\$16,592,631	\$9,792,721	\$6,794,413	2.30	4.01	36.57	2.94	4,531	\$3,662.02
5	6	Gastroint Disord, NEC	\$16,502,703	\$3,842,146	\$12,643,399	1.55	4.40	129.10	19.34	18,730	\$881.08
7	7	Respiratory Disord, NEC	\$15,345,165	\$4,726,401	\$10,565,415	0.57	4.07	72.13	13.75	14,276	\$1,074.89
8	8	Pregnancy w Vaginal Delivery	\$13,037,989	\$12,980,598	\$57,391	7.27	2.40	0.53	0.58	1,643	\$7,935.48
9	9	Arthropathies/Joint Disord NEC	\$10,992,659	\$1,079,581	\$9,813,122	0.30	2.73	412.02	5.39	29,759	\$369.39
11	10	Spinal/Back Disord, Low Back	\$10,832,759	\$3,338,534	\$7,477,922	0.60	3.39	471.36	4.83	19,108	\$566.92
9	11	Newborns, w/wo Complication	\$10,460,845	\$10,130,893	\$326,785	10.53	3.34	4.59	0.13	1,726	\$6,060.74
12	12	Renal Function Failure	\$9,547,055	\$1,464,513	\$8,034,518	0.47	5.02	15.57	0.66	2,012	\$4,745.06
13	13	Condition Rel to Tx - Med/Surg	\$9,319,702	\$6,163,747	\$3,124,007	1.72	4.59	7.78	1.83	2,006	\$4,645.91
15	14	Cancer - Breast	\$8,108,428	\$434,657	\$7,633,383	0.27	4.36	27.87	0.05	1,962	\$4,132.74
14	15	Cardiac Arrhythmias	\$7,815,882	\$3,087,408	\$4,712,201	0.97	3.11	34.19	2.56	3,932	\$1,987.76
16	16	Infections, NEC	\$7,488,550	\$6,471,563	\$1,009,224	0.14	3.47	66.81	2.23	9,421	\$794.88
18	17	Urinary Tract Calculus	\$6,636,332	\$608,062	\$6,028,270	0.50	2.27	15.68	5.51	2,147	\$3,090.98
17	18	Cardiovasc Disord, NEC	\$6,618,738	\$942,081	\$5,670,238	0.53	3.46	44.69	9.39	7,783	\$850.41
19	19	Cholecystitis/Cholelithiasis	\$6,535,703	\$1,789,383	\$4,746,321	0.92	3.61	4.64	1.85	1,150	\$5,683.22
21	20	Spinal/Back Disord, Ex Low	\$6,293,508	\$1,657,446	\$4,632,357	0.33	3.55	437.21	2.49	14,886	\$422.78
22	21	Diabetes	\$5,710,056	\$1,360,062	\$4,326,868	1.09	5.17	195.45	1.52	18,307	\$311.91
20	22	Cerebrovascular Disease	\$5,571,449	\$3,588,164	\$1,924,036	1.25	4.27	10.06	1.72	1,683	\$3,310.43
23	23	Fracture/Disloc - Upper Extrem	\$5,218,708	\$527,766	\$4,688,167	0.17	3.87	57.06	7.04	3,674	\$1,420.44
25	24	Infections - ENT Ex Otitis Med	\$4,961,137	\$343,989	\$4,615,791	0.24	3.16	473.32	5.64	51,613	\$96.12
24	25	Pregnancy without Delivery	\$4,868,693	\$1,230,257	\$3,637,980	0.72	3.18	73.60	5.11	3,968	\$1,226.99

NOTE: Medical payments represent only the payments made for the specified condition.

Utilization *(continued)*

In Summary, the top clinical conditions represent more than 58.87% of total paid claims for all clinical conditions.

Summary	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER
Top Clinical Conditions	\$290,249,366	\$99,134,496	\$189,544,228	38.92	3.72	3,942.58	107.93
All Clinical Conditions	\$493,017,187	\$161,293,958	\$328,852,217	70.88	4.07	7,164.47	214.16
Top Clinical Conditions as Pct of All Clinical Conditions	58.87%	61.46%	57.64%	54.91%	91.33%	55.03%	50.40%

Claims Lag Analysis

The following claims lag information is based on medical claims (does not include Rx) incurred January–June 2014.

Plan	Number of Medical Claims	Avg Days Lag Per Claim	% Claims Paid Within 30 Days	% Claims Paid Within 60 Days	% Claims Paid Within 90 Days
LivingWell CDHP	1,343,305	19.4	83.83%	93.15%	96.27%
LivingWell PPO	2,157,761	22.5	77.23%	91.42%	95.97%
Standard CDHP	174,360	21.9	80.29%	92.01%	95.56%
Standard PPO	208,379	24.2	74.98%	90.27%	95.33%
~Missing	30,501	29.3	72.26%	87.30%	93.31%
All Plans	3,986,480	21.9	79.07%	91.84%	95.94%

**Missing means the claims could not be tagged to a specific plan.*

Claims Lag Analysis *(continued)*

The following claims lag information is based on all claims (**Medical and Rx**) incurred and paid during the most recent rolling year.

	Month Paid					
Service Month	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Jul 2013	\$3,829,006.71	\$1,377,995.04	\$595,974.21	\$754,581.44	\$142,619.30	-\$67,030.91
Aug 2013	\$10,378,822.39	\$2,501,849.41	\$1,355,141.75	\$1,482,333.01	\$127,578.02	\$213,104.37
Sep 2013	\$54,185,907.47	\$9,376,751.71	\$3,078,946.78	\$1,984,229.92	\$1,866,979.33	\$545,858.93
Oct 2013	\$72,506,843.20	\$48,269,775.72	\$11,680,370.65	\$5,986,683.78	\$2,841,539.18	\$802,145.84
Nov 2013	\$0.00	\$65,527,997.27	\$44,937,083.45	\$14,049,226.94	\$2,907,409.74	\$1,919,143.02
Dec 2013	\$0.00	\$0.00	\$76,282,722.74	\$54,745,919.58	\$8,015,968.78	\$4,189,231.06
Jan 2014	\$0.00	\$0.00	\$0.00	\$42,128,314.79	\$34,796,820.20	\$11,663,326.40
Feb 2014	\$0.00	\$0.00	\$0.00	\$0.00	\$41,258,637.52	\$39,168,769.01
Mar 2014	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$47,664,149.26
Apr 2014	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
May 2014	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Jun 2014	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	Month Paid					
Service Month	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Jul 2013	\$142,180.39	(\$29,811.61)	(\$91,384.52)	\$43,154.57	(\$83,582.54)	\$52,146.34
Aug 2013	\$60,049.07	\$11,588.15	(\$136,874.35)	(\$81,552.13)	(\$1,416.89)	\$108,553.75
Sep 2013	\$89,972.14	\$4,967.55	(\$76,826.29)	\$111,313.87	(\$175,700.52)	\$149,897.97
Oct 2013	\$326,727.73	\$142,663.39	(\$101,090.01)	\$79,264.31	\$135,952.07	\$134,444.67
Nov 2013	\$941,757.47	\$213,970.72	\$521,122.37	\$160,410.24	\$175,026.98	\$120,030.38
Dec 2013	\$2,253,529.31	\$2,507,804.02	\$615,784.36	\$197,555.13	\$324,570.41	\$197,385.79
Jan 2014	\$5,188,550.40	\$1,982,019.33	\$1,200,192.86	\$16,078.54	(\$54,630.75)	\$360,237.30
Feb 2014	\$9,891,230.94	\$2,774,962.38	\$2,110,121.29	\$445,269.03	\$787,076.37	\$240,275.34
Mar 2014	\$44,651,836.72	\$10,522,330.82	\$3,802,229.49	\$1,167,345.97	\$861,821.18	\$349,759.11
Apr 2014	\$55,341,562.04	\$38,604,981.84	\$12,101,732.96	\$3,238,362.39	\$1,733,618.35	\$1,163,138.37
May 2014	\$0.00	\$51,683,081.30	\$39,744,913.64	\$11,875,540.07	\$4,604,357.20	\$2,724,918.67
Jun 2014	\$0.00	\$0.00	\$52,480,629.80	\$46,567,315.28	\$11,811,747.01	\$5,333,692.41

Claims Distribution Based on Age/Gender

The following is based on claims incurred January–June 2014.

	Female			Male		
Age Group	Members Avg	Net Pay Med and Rx	Net Pay Per Member	Members Avg	Net Pay Med and Rx	Net Pay Per Member
Ages < 1	1,241	\$7,608,528.85	\$6,130.97	1,304	\$11,532,195.60	\$8,845.74
Ages 1-4	5,423	\$3,429,943.41	\$632.50	5,754	\$4,805,322.82	\$835.17
Ages 5-9	7,802	\$4,446,018.64	\$569.88	8,013	\$4,823,346.94	\$601.93
Ages 10-14	8,596	\$6,758,484.65	\$786.21	9,037	\$6,952,817.94	\$769.37
Ages 15-17	5,577	\$5,121,490.25	\$918.29	5,885	\$5,659,994.34	\$961.82
Ages 18-19	3,771	\$3,909,496.30	\$1,036.81	3,883	\$3,167,442.78	\$815.66
Ages 20-24	9,265	\$12,944,284.32	\$1,397.19	8,617	\$7,553,491.76	\$876.58
Ages 25-29	8,464	\$16,148,123.88	\$1,907.86	4,704	\$4,497,674.03	\$956.10
Ages 30-34	10,139	\$20,129,945.37	\$1,985.50	5,491	\$6,814,614.06	\$1,241.16
Ages 35-39	10,824	\$22,134,119.49	\$2,044.91	6,077	\$8,728,570.04	\$1,436.28
Ages 40-44	13,078	\$29,939,240.42	\$2,289.37	7,314	\$14,785,788.47	\$2,021.57
Ages 45-49	13,815	\$37,040,188.22	\$2,681.16	8,163	\$19,053,904.86	\$2,334.18
Ages 50-54	16,147	\$49,886,054.14	\$3,089.53	9,470	\$29,745,000.42	\$3,141.04
Ages 55-59	18,934	\$72,138,129.40	\$3,809.92	11,193	\$42,860,073.52	\$3,829.19
Ages 60-64	20,229	\$84,301,844.86	\$4,167.33	12,698	\$63,969,068.10	\$5,037.93
Ages 65-74	2,536	\$13,261,725.65	\$5,229.39	1,766	\$12,085,531.83	\$6,844.22
Ages 75-84	133	\$1,822,582.98	\$13,683.06	154	\$1,498,890.91	\$9,752.06
Ages 85+	13	\$482,439.06	\$36,548.41	7	\$446,504.23	\$68,692.96

Allowed Amount Distribution

The following table shows the distribution of members for whom the amounts of charges within the specified ranges were allowed. The data appears for the years of 2006—2013 and year to date for 2014.

Allowed Amount	2006	2007	2008	2009	2010	2011	2012	2013	2014
less than 0.00	9	16	27	22	42	63	96	5,779	5
\$0.00 - \$499.99	54,058	53,891	53,571	53,160	57,392	58,044	60,331	61,975	92,250
\$500.00 - \$999.99	32,931	33,830	34,248	34,982	34,386	36,012	36,453	37,457	40,361
\$1,000.00 - \$1,999.99	40,360	42,464	42,360	43,452	42,988	44,147	44,298	44,085	36,797
\$2,000.00 - \$4,999.99	54,430	56,819	58,612	59,566	60,341	60,339	60,130	58,149	35,307
\$5,000.00 - \$9,999.99	30,373	32,271	34,487	35,696	36,028	36,375	36,020	34,667	15,482
\$10,000.00 - \$14,999.99	10,608	11,983	13,272	14,198	14,874	15,009	15,273	14,918	5,882
\$15,000.00 - \$19,999.99	4,726	5,470	6,332	6,849	7,184	7,339	7,650	7,658	3,134
\$20,000.00 - \$29,999.99	4,284	5,050	5,930	6,475	6,960	7,131	7,114	7,361	2,825
\$30,000.00 - \$49,999.99	2,844	3,268	3,820	4,451	4,935	5,155	5,311	5,437	2,234
\$50,000.00 - \$74,999.99	1,090	1,306	1,492	1,773	2,022	2,256	2,392	2,525	969
\$75,000.00 - \$99,999.99	465	536	589	688	829	839	912	1,021	399
\$100,000.00 - \$149,999.99	354	406	499	545	651	707	789	811	344
\$150,000.00 - \$199,999.99	117	160	194	203	225	274	297	357	126
\$200,000.00 - \$249,999.99	60	81	83	116	117	118	135	147	65
over \$249,999.99	99	127	152	166	196	259	269	290	95
Total	236,808	247,678	255,668	262,342	269,170	274,067	277,470	282,637	236,275

Summary of Enrollment and Claims

The following provides a summary of members, incurred medical claims, and incurred Rx claims for the most recent rolling year.

Time Period	Members	Net Pay Med and Rx	Net Pay Med	Net Pay Rx	Claims Paid	Claims Paid Med	Scripts Rx
Jul 2013	265,629	\$137,204,547.44	\$107,351,519.66	\$29,853,027.78	749,792	340,668	391,528
Aug 2013	264,947	\$125,793,656.61	\$96,125,849.00	\$29,667,807.61	725,911	318,029	390,704
Sep 2013	263,037	\$122,348,698.11	\$94,178,714.26	\$28,169,983.85	706,456	304,173	385,628
Oct 2013	265,526	\$142,805,320.53	\$111,364,725.35	\$31,440,595.18	799,454	361,958	419,434
Nov 2013	265,687	\$131,478,250.14	\$103,079,764.74	\$28,398,485.40	724,653	316,192	391,818
Dec 2013	265,605	\$149,330,471.18	\$115,885,806.72	\$33,444,664.46	782,722	328,630	436,621
Jan 2014	265,466	\$97,280,909.07	\$76,824,438.35	\$20,456,470.72	689,406	292,662	375,314
Mar 2014	265,323	\$109,019,472.55	\$83,766,786.24	\$25,252,686.31	684,298	283,932	383,688
Feb 2014	265,323	\$96,676,341.88	\$74,974,028.10	\$21,702,313.78	632,682	267,642	348,886
Apr 2014	264,823	\$112,183,395.95	\$86,170,664.08	\$26,012,731.87	680,970	290,655	373,907
May 2014	264,390	\$110,632,810.88	\$83,294,085.97	\$27,338,724.91	666,041	271,767	377,060
Jun 2014	263,978	\$116,193,384.50	\$87,987,184.64	\$28,206,199.86	665,433	281,149	367,049

NOTE: Includes run out data from all Carriers

The following illustrates the change in incurred claims (includes medical and Rx) by rolling year.

Time Period	Members	Total Medical and Rx Claims	Total Medical Claims	Total Rx Claims
Jul 2012 - Jun 2013	268,621	\$1,529,887,427	\$1,178,637,819	\$351,249,608
Jul 2013 - Jun 2014	265,788	\$1,455,609,801	\$1,125,603,753	\$330,006,048
% Change (Roll Yrs)	-1.10%	-4.90%	-4.50%	-6.00%